

REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

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Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450



Application Number: 10/024,359	Confirmation Number: 6525
Filing Date: December 21, 2001	
First Named Inventor: Mohammed A. KHAN	
Group Art Unit: 2123	
Examiner: Ayal I. SHARON	
Attorney Docket Number: 08350.0243-00000	

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application.

Request for Continued Examination (RCE) practice under 37 C.F.R. § 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.

1. **Submission required under 37 C.F.R. § 1.114:** Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment.

a. ☒ Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.

i. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____.

ii. ☒ Other: After-Final Amendment filed on October 10, 2006

iii. ☐ **DO NOT ENTER** the Amendment After-Final previously filed on _____. An alternate submission is attached.

b. ☐ Enclosed submission:

i. ☐ Amendment/Reply

iii. ☐ Information Disclosure Statement

ii. ☐ Affidavit(s)/Declaration(s)

iv. ☐ Other:

2. Miscellaneous

a. ☐ Suspension of action on the above-mentioned application is requested under 37 C.F.R. § 1.103(c) for a period of ____ months. (Period of suspension shall not exceed 3 months; fee under 37 C.F.R. § 1.17(i) required.)

b. ☐ Other _____

3. Fees

a. ☒ The filing fee is calculated as follows:

i. ☒ \$790.00 RCE fee required under 37 C.F.R. § 1.17(e)

ii. ☒ Petition for extension of time (for the 2nd Month) \$330.00 (\$450 - \$120.00)

iii. ☐ Other _____

b. ☒ Check in the amount of \$1,120.00 enclosed.

c. ☒ The Commissioner is authorized to charge any deficiencies in the filing fees, or credit any overpayments to Deposit Account No. 06-0916.

Signature of Applicant, Attorney, or Agent Required ADD01 00000023 10024359

Name: Elizabeth M. Burke

Reg. No.: 38,75801 FC:1801

790.00 00

Signature:

Elizabeth M. Burke

Date: November 16, 2006

Certificate of Mailing or Transmission

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